

# Hot Policy

May 2003 Page for Group Members

If you belong to Basic Health — a state-supported health coverage program — because you are a member of an employer group or one of the following financial sponsor organizations, this *Hot Policy Page* affects you:

- Children's Hospital
- Columbia Valley Community Health
- Community Health Centers of King County
- Country Doctor Community Health Centers
- El Centro de la Raza
- Franciscan Health System
- Housing Hope
- Jamestown S'Klallam Tribe
- Leah Layne Foundation
- Lummi Indian Nation
- Moses Lake Community Health Center
- Mt. Adams Health Foundation
- Port Gamble S'Klallam Tribe
- Puget Sound Neighborhood Health Centers
- St. John's Peace Health
- Quinault Indian Nation
- University of Washington Physicians
- Yakima Neighborhood Health Services

## New income guidelines are effective July 1, 2003. See the income table on the back page to learn why this is important to you.

### Figuring your monthly income

At least once a year, Basic Health (BH) will check your income to make sure you still qualify for the program. Your income is also used to determine how much you pay each month for BH coverage. To do this, we require current pay stubs and a copy of the most recent year's IRS Form 1040 with all tax schedules. We will look at the income from both sources, and use the one that gives us the most accurate picture of your income. If you do not work year-round, we would normally use your 1040 to find an average monthly income. If your job has changed since you filed your last 1040, we would use your current pay stubs. If you've had a change in circumstances, please include a note telling us which information is most accurate for your situation.

### Reporting changes

If you are a financial sponsor or employer group member, you are responsible for reporting income, family size, and address changes as well as responding to all BH requests. Financial sponsor group members need to report changes to their sponsor. The sponsor will forward the changes and documentation to BH. If you are in an employer group, you must report the changes directly to BH. You must respond on time and with the correct information. BH will verify your income through other sources. If BH finds that the state has paid too much of your premium, or you do not provide the required documents on time, you may be disenrolled or have to repay any overpayments.

### Providing false information

Whenever BH asks you for updated information or if your information changes, you must provide BH with correct information. You must not withhold information that you know must be reported to BH or provide false information on any BH documents. If we find that you withheld or gave false information on purpose, we can require you to re-pay up to twice the amount the state paid for your coverage. You can also be disenrolled from BH, prosecuted for perjury, and billed for any medical services you received through BH.

Your continued health care coverage is as important to us as it is to you. Below are some tips to help you respond to our requests on time.

- Now that April 15 has passed, make an extra copy of your 2002 federal income tax form and all schedules filed with it.
- If you are in a partnership, or a shareholder in an S-Corporation, keep a copy of your business income tax return, including all schedules filed with it.
- Also, keep a copy of your Schedules K-1 if you received any.

BH will verify your income and eligibility at least once a year, and you will need to send the above listed forms to us when requested. You will also need to provide copies if your income or family size changes (for example, if you marry, divorce, add a child, or change jobs).

This serves as official notice of changes to your Basic Health coverage, and is an addendum to your *Member Handbook*.

To obtain this document in another format (such as Braille or audio), call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.

Si desea ayuda en español, llame al 1-800-321-0291.

한국어로 도움을 원하시면 1-800-324-1658로 연락하십시오.

Для обслуживания на русском языке, позвоните, пожалуйста, по телефону 1-800-387-8224.

Nếu quý vị muốn được giúp bằng tiếng Việt, xin gọi số 1-800-423-2231.

  
**Basic Health™**  
**1-800-660-9840**

## New income guidelines take effect with your July coverage

Every spring, the federal government publishes new federal income guidelines that are the basis for determining BH monthly premiums. BH uses these guidelines when determining eligibility and your share of the monthly cost for BH coverage.

As a result of this new scale, you may be able to earn slightly more income before you have to report a change. For some families, the revised income guidelines mean a lower monthly premium. Your financial sponsor or employer group receives a monthly premium notice. The July premium may be different if

your reported income now falls into a lower income band.

If you are in a financial sponsor group and your income or family size changes enough to affect the income band you fall within, you need to report the changes to the sponsor. The sponsor will forward the changes and documentation to BH. If you are in an employer group, you must report the changes directly to BH. If you have questions about your current income and are in a sponsor group, you may contact your financial sponsor or BH.

## Basic Health *Plus* and Maternity Benefits Program guide

New this year, information on the Maternity Benefits Program and Basic Health *Plus* has been separated from the BH *Member Handbook* into its own guide. If you are enrolled in either of these programs, please refer to this guide for benefits questions. If you haven't received a copy of this guide, you can request one by calling 1-800-660-9840.

### Reminder:

If you have questions on BH benefits or processes, such as recertification or recoupment, please refer to your BH *Member Handbook*.

Gross Monthly Income	Income Table							Income Band
	Number of Persons in Family							
	1	2	3	4	5	6	7	
	\$0 - \$486.41	\$0 - \$656.49	\$0 - \$826.58	\$0 - \$996.66	\$0 - \$1,166.74	\$0 - \$1,336.83	\$0 - \$1,506.91	A
	486.42 - 748.33	656.50 - 1,009.99	826.59 - 1,271.66	996.67 - 1,533.33	1,166.75 - 1,794.99	1,336.84 - 2,056.66	1,506.92- 2,318.33	B
	748.34- 935.41	1,010.00 - 1,262.49	1,271.67 - 1,589.58	1,533.34 - 1,916.66	1,795.00 - 2,243.74	2,056.67 - 2,570.83	2,318.34- 2,897.91	C
	935.42 - 1,047.66	1,262.50 - 1,413.99	1,589.59 - 1,780.33	1,916.67 - 2,146.66	2,243.75 - 2,512.99	2,570.84 - 2,879.33	2,897.92 - 3,245.66	D
	1,047.67 - 1,159.91	1,414.00 - 1,565.49	1,780.34 - 1,971.08	2,146.67 - 2,376.66	2,513.00 - 2,782.24	2,879.34 - 3,187.83	3,245.67 - 3,593.41	E
	1,159.92 - 1,272.16	1,565.50 - 1,716.99	1,971.09- 2,161.83	2,376.67 - 2,606.66	2,782.25 - 3,051.49	3,187.84 - 3,496.33	3,593.42 - 3,941.16	F
	1,272.17 - 1,384.41	1,717.00- 1,868.49	2,161.84 - 2,352.58	2,606.67 - 2,836.66	3,051.50- 3,320.74	3,496.34 - 3,804.83	3,941.17 - 4,288.91	G
1,384.42 - 1,496.74	1,868.50 - 2,020.10	2,352.59 - 2,543.46	2,836.67 - 3,066.81	3,320.75 - 3,590.17	3,804.84 - 4,113.53	4,288.92 - 4,636.89	H	